ARIZONA STATE DEPARTMENT STATE FILE NO. DIVISION OF VITAL STATISTICS 1813 I. PLACE OF DEATH CERTIFICATE OF DEATH 04 REGISTRO...

(WHERE DECEASED LIVED.

IF INSTITUTION: RESIDENCE BEFORE

B. COUNTY REGISTRAR'S 2. USUAL RESIDENCE ND PO LO Z OR TOWN CITY (FULL NAME HOSPITAL OF OR TOWN 6 D. STREET ADDRESS 3. NAME OF DECEASED Carter DENT IF UNDER 24 ONAL 16. INFORMANT'S SIGNATURE

X

18. CAUSE OF DEATH
ENTER ONLY ONE CAUSE
PER LINE FOR (a), (b),
DIRECT 0 USEINIX OF DEATH MEDICAL CERTIFICATION I. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH+ †THIS DOES NOT MEAN
THE MODE OF DYING.
SUCH AS HEART FAILURE. ASTHENIA. EIC.
IT MEANS THE DISEASE
INJURY. OR COMPLICATION WHICH CAUSED
DEATH.
PLACE DISEASE CONTRACTED.

19A. DATE OF OPER INTERVAL BETWEEN ONSET AND DEATH ٩Ē ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (2) STAT. ING THE UNDERLYING CAUSE LAST. **NTH** DUE TO (b A 18) DUE TO 10 II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT
RELATING TO THE DISEASE OR CONDITION CAUSING DEATH
ON 198. MAJOR FINDINGS OF OPERATION TIONS, 19A. DATE OF OPERATION OPSY 21A. ACCIDENT SUICIDE HOMICIDE HT/ (SPECIFY) 21B. PLACE OF INJURY (E. G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.) ТО 21C. (CITY OR TOWN) 21D, TIME (MONTH) (DAY) RNAL (YEAR) (HOUR) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? ENCE INJURY WHILE AT ICAL' ALIVE ON 2-27-49. 19. ATTENDED THE DECEASED FROM ATTENDED ATTENDED ATTENDED ATTENDED 19/24/ то 2-27-49. 19_ ONER'S FROM THE CAUSES AND ON THE DATE STATED CATION 23C. DATE SIGNED ERAL 19 24C. NAME OF CEMETERY OR CREMATOR CTOR mar. Cem. ٩D TRAR ADDRESS